

Name of Person Filing: \_\_\_\_\_ (A)

Your Address: \_\_\_\_\_

Your City, State, Zip Code: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

ATLAS Number (if applicable): \_\_\_\_\_

Attorney Bar Number (if applicable): \_\_\_\_\_

Representing ☐ Self (Without a lawyer) OR☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

 \_\_\_\_\_ (B)  
 Name of Petitioner

Case Number: \_\_\_\_\_ (C)

### RESPONSE TO CHILD SUPPORT INFORMATION FORM

 \_\_\_\_\_  
 Name of Respondent

#### STATEMENTS TO THE COURT, UNDER OATH:

##### 1. INFORMATION ABOUT MY SPOUSE, the Petitioner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social security number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

##### INFORMATION ABOUT ME, the Respondent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social security number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

##### INFORMATION ABOUT MARRIAGE:

Date of Marriage: \_\_\_\_\_

##### 4. INFORMATION ABOUT YOUR CHILD(REN): The following child(ren) is/are under 18 and were born to or adopted by my spouse and me during our marriage or paternity has been established.

**NAME****SOCIAL SECURITY NUMBER****DATE OF BIRTH**

Currently Resides with: \_\_\_\_\_

☐ Mother☐ Father

Current Address: \_\_\_\_\_

Case No. \_\_\_\_\_

**NAME** **SOCIAL SECURITY NUMBER** **DATE OF BIRTH**

Currently Resides with: ☐ Mother ☐ Father

Current Address: \_\_\_\_\_

**NAME** **SOCIAL SECURITY NUMBER** **DATE OF BIRTH**

Currently Resides with: ☐ Mother ☐ Father

Current Address: \_\_\_\_\_

**NAME** **SOCIAL SECURITY NUMBER** **DATE OF BIRTH**

Currently Resides with: ☐ Mother ☐ Father

Current Address: \_\_\_\_\_

**5. ACCESS**

About how many days each week does the other parent see the children? \_\_\_\_\_ days  
About how much time each day \_\_\_\_\_ hours

**6. MEDICAL INSURANCE**

- Who provides medical insurance for the children? ☐ Mother or ☐ Father
- How much does that parent pay each month for the children's medical insurance? \$ \_\_\_\_\_
- If you are not sure how much it costs to insure the children, state how much that parent pays and for how many people: \$ \_\_\_\_\_ Number of people

**7. DAY CARE**

- Do the child(ren) require day care? ☐ Yes ☐ No
- If the child(ren) require day care, who pays it? ☐ Mother or ☐ Father
- How much does it cost each month on average over the entire year? \$ \_\_\_\_\_

**8. INFORMATION ABOUT SPOUSAL MAINTENANCE/SUPPORT**

A. Does Mother regularly pay court-ordered spousal maintenance/support (alimony)?  
☐ Yes ☐ No  
If so, how much each month? \$ \_\_\_\_\_

B. Does Father regularly pay court-ordered spousal maintenance/support?  
☐ Yes ☐ No  
If so, how much each month? \$ \_\_\_\_\_

**9. INFORMATION ABOUT INCOME**

A. What is Mother's gross (total) monthly income (before deductions and taxes)?  
\$ \_\_\_\_\_

Case No. \_\_\_\_\_

- B. What is Father's gross (total) monthly income (before deductions and taxes)?  
\$ \_\_\_\_\_

**10. INFORMATION ABOUT OTHER CHILDREN.**

- A. Does Mother pay court-ordered child support for any other children? ☐ Yes ☐ No  
If so, how much each month? \$ \_\_\_\_\_
- B. Does Father pay court-ordered child support for any other children? ☐ Yes ☐ No  
If so, how much each month? \$ \_\_\_\_\_
- C. Does Mother support any other natural or adopted children who also live with Mother?  
☐ Yes ☐ No  
If so, how many and what are their names, ages and dates of birth?  
\_\_\_\_\_  
\_\_\_\_\_
- D. Does Father support any other natural or adopted children who also live with Father?  
☐ Yes ☐ No  
If so, how many and what are their names, ages and dates of birth?  
\_\_\_\_\_  
\_\_\_\_\_

**11. OTHER CHILD SUPPORT ORDERS**

Are there any other child support orders in effect for any of the children in described in #10 above? ☐ Yes ☐ No  
If so, list the name of the child affected, the name of the issuing court(s) and case number(s):  
\_\_\_\_\_  
\_\_\_\_\_

**12. PREGNANCY**

- ☐ Wife is not pregnant, or  
☐ Wife is pregnant. The baby is due on \_\_\_\_\_ (date), (and, check one box below)  
☐ The Petitioner and Respondent are the parents of the child, or  
☐ Petitioner is not the parent of the child, or  
☐ Respondent is not the parent of the child

**13. SUMMARY OF WHAT I SAY ABOUT OUR CHILDREN THAT IS DIFFERENT FROM WHAT MY SPOUSE ASKED FOR IN THE CHILD SUPPORT INFORMATION FORM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Address Information.** It is very important for you (Petitioner and Respondent) to keep the court informed of your must current address. This means that if the address information on this form is incorrect or if you change address, you must contact the Clerk of the Court and give them your new or current address. Change of Address forms can be obtained at the Self-Service Center located at both courthouse locations: 101 West Jefferson, 1<sup>st</sup> Floor, Phoenix, Arizona, or 222 East Javelina, Mesa, Arizona, or on the Internet at:  
[www.superiorcourt.maricopa.gov/ssc/sschome.html](http://www.superiorcourt.maricopa.gov/ssc/sschome.html).

Case No. \_\_\_\_\_

## OATH AND VERIFICATION OF RESPONDENT

STATE OF ARIZONA     )  
Maricopa County        )ss.

I, the Respondent, being duly sworn and under oath, state that I have read this Response. All the statements in the Response are true, correct and complete to the best of my knowledge and belief.

SIGNED: \_\_\_\_\_  
Respondent's Signature

Subscribed and sworn before me this date: \_\_\_\_\_ by \_\_\_\_\_  
Respondent's Name

My commission expires: \_\_\_\_\_  
NOTARY PUBLIC: \_\_\_\_\_